

South Carolina Department of Health and Human Services	Medical Assistance Only (MAO) Institutional Budget Sheet for COLA Rebudget
Applicant/Beneficiary Name: (First, Middle, Last)	<input checked="checked" type="checkbox"/> Rebudget

Please Complete All Appropriate Sections

I. Countable Income Computation	
	Monthly Amount
1. RSDI/RR Retirement (Add in Medicare Premium) _____	
2. Veteran's Benefits (Excluded Aid and Attendance) _____	
3. Other Pension/Retirement Income _____	
4. All Other Income _____	
5. Total Gross Monthly Income _____	
If Line 5 is greater than gross income limitation of \$ _____, case is possible Income Trust	

II. Income Allocation for Dependent(s) at Home			
1. Computation of monthly income to be allocated to a dependent spouse A. Spouse's Need Allowance (A) _____ (Maximum \$2,981.00) B. Spouse's Total Unearned and Gross Earned Income (B) – _____ C. Spouse's Allocation (A – B = C) (C) _____ Enter This Amount in Part III, Line 2b	2. Computation of monthly income to be allocated to dependent child A. Dependent Child's Need Allowance (A) _____ B. Dependent Child's Gross Income _____ (B) – _____ C. (A – B = C) (C) _____ D. Dependent Child's allocation (C divided by 3 = D) If income exceeds need, enter zero. Enter this amount in Part III, Line 2b (D) _____ <div style="text-align: right; margin-top: -10px;">+ 3</div>		

III. Monthly Recurring Income Computation	
1. Enter total gross monthly income, Part I, Line 5 _____	(1)
2. Subtract:	
a. Personal or Maintenance Needs Allowance _____	(a)
b. Spousal Allocation (From Part II) _____	(b)
c. Health Insurance Premium(s) _____	(c)
d. Other Exclusions _____	(d)
Total Exclusions _____	(2) –
3. Monthly Recurring Income (Enter this amount in Part III of the DHHS Form MSC004. If a Negative amount, enter \$0.00 on the DHHS Form MSC004)	(3)

Eligibility Worker's Signature and Title:	Decision Date:
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